

BOOK

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STATE MS.-DE SOTO CO.
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**EMMA LOUISE SEXTON
DURABLE POWER OF ATTORNEY
FOR HEALTH CARE**

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W.E. DAVIS CH. CLK.

NOTICE TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person(s) you designate as Attorney-in-Fact (your Agent) the power to make health care decisions for you. This power exists only as to those health care decisions to which you are unable to give informed consent. The Attorney-in-Fact must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (a) authorizes anything that is illegal, (b) acts contrary to your known desires, or (c) where your desires are not known, does anything that is clearly contrary to your best interests.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital or other health care provider in writing of the revocation.

Your agent has the right to examine your medical records and to consent to this disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (a) authorize an autopsy, (b) donate your body or parts thereof for transplant or for educational, therapeutic or scientific purposes, and (c) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask your lawyer to explain it to you.

This Power of Attorney will not be valid for making health care decisions unless it is either (a) signed by two (2) qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledged before a notary public in the state.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, **EMMA LOUISE SEXTON** of 4382 Nesbit Road, Nesbit, DeSoto County, Mississippi 38651, hereby appoint my son, **MICHAEL WAYNE SEXTON**, of 2025 Horn Lake Road, Nesbit, DeSoto County, Mississippi 38651, whose telephone number is: 662-429-0200, as my attorney in fact, to make health care decisions for me in the event I become unable to give informed consent to a given health care decision.

Subject to my special instructions below, this document gives my attorney in fact the full power to make health care decisions for me, before or after my death, to the same extent I could make decisions for myself and to the full extent permitted by law, including power to grant, refuse or withdraw consent on my behalf for any health care service, to make a disposition under the state's anatomical gift act, to authorize an autopsy, and to direct the disposition of my remains. My attorney in fact also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions, and also the power provided in Sections 41-41-101 through 41-41-121, Mississippi Code of 1972, as now enacted or hereafter amended, being the statutes governing the withdrawal of life support mechanisms.

Special Instructions:

1. **Life Support Systems:** I wish to live as long as possible, but if there is no reasonable expectation of my recovery, I do not wish to receive futile medical treatment which I define as treatment that will provide no benefit to me and will only prolong my inevitable death or irreversible coma. Therefore my attorney in such circumstances is to request that aggressive medical therapy not be instituted or, if instituted, be discontinued, including (but not limited to) cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusions, intravenous feedings, antibodies, and organ transplants.
2. **Relief From Pain:** My attorney is to consent to and arrange for the administration of pain relieving drugs of any type, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment of (but not intentionally cause) my death.
3. **Legal Rights:** My attorney is to exercise all my legal rights to make decisions concerning my medical treatment or nontreatment, even though the exercise of such rights might hasten death or be against medical advice. My attorney may take appropriate legal action, if necessary in his or her judgment, to enforce my rights in this regard.

This power of attorney shall not be affected by my disability or incompetence subsequent to the execution of this power. It does not revoke or supersede any general power of attorney or living will previously or concurrently executed.

If the person named as my attorney in fact is not available or is unable to act as my attorney in fact, I appoint the following person to serve in his place: my niece, **CYBIL MILLER**, of Como, Panola County, Mississippi 38619.

By my signature, I do hereby indicate that I understand the purpose and effect of this document.

WITNESS MY SIGNATURE, this the 6th day of July, 1999.

Emma Louise Sexton
EMMA LOUISE SEXTON

STATE OF MISSISSIPPI

COUNTY OF DESOTO

On this 6th day of July, in the year 1999, before me, personally appeared **EMMA LOUISE SEXTON**, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Virginia Leigh Richards
NOTARY PUBLIC

My Commission Expires:

8-8-2000



PREPARED BY:

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